

**CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)**

Applicant(s): MUNOZ et al.

Docket No.

HOLMES-2U

Application No.

10/797,230

Filing Date

03/10/2004

Examiner

K.T. NGUYEN

Customer No.

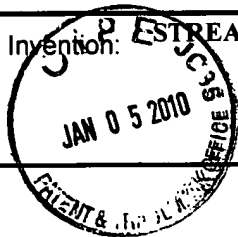
75253

Group Art Unit

3711

Invention:

ESTREAMER LAUNCHING SYSTEM



I hereby certify that the following correspondence:

PART B FEES TRANSMITTAL

*(Identify type of correspondence)*

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

JANUARY 5, 2010*(Date)*Gerow D. Brill*(Typed or Printed Name of Person Mailing Correspondence)*  
*(Signature of Person Mailing Correspondence)*EH 615483411 US*("Express Mail" Mailing Label Number)***Note: Each paper must have its own certificate of mailing.**



EH 615483411 US

Mailing Label  
Label 11-B, March 2004

UNITED STATES POSTAL SERVICE®

Post Office To Addressee

## DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		

## CUSTOMER USE ONLY

**PAYMENT BY ACCOUNT**  
Express Mail Corporate Acct. No. ☐ **WAIVER OF SIGNATURE (Domestic Mail Only)**  
Additional merchandise insurance is void if customer requests waiver of signature.  
I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

Federal Agency Acct. No. or  
Postal Service Acct. No.

**NO DELIVERY**  
☐ Weekend ☐ Holiday ☐ Mailer Signature

## ORIGIN (POSTAL SERVICE USE ONLY)

PO ZIP Code	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day	Postage \$
Date Accepted	Scheduled Date of Delivery	Return Receipt Fee \$
Mo. Day Year	Month Day	COD Fee Insurance Fee \$ \$
Time Accepted <input type="checkbox"/> AM <input type="checkbox"/> PM	Scheduled Time of Delivery <input type="checkbox"/> Noon <input type="checkbox"/> 3 PM	Total Postage & Fees \$
Flat Rate <input type="checkbox"/> or Weight	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Acceptance Emp. Initials
lbs. ozs.	Int'l Alpha Country Code	

FROM: (PLEASE PRINT)

PHONE ( )

GEROW D. BRILL  
20 DAKMONT CIRCLE  
NEW FREEDOM, PA 17349

TO: (PLEASE PRINT)

PHONE ( )

MAIL STOP ISSUE Fee  
COMMISSIONER FOR PATENTS  
PO BOX 1450  
ALEXANDRIA, VA

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)

2 2 3 1 3 + 1 4 5 0

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.

FOR PICKUP OR TRACKING

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RECEIVED IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In regards to Application Number 10/797,230, Docket Number HOLMES-2U

Part B Issue Fee transmittal PTO-85 (1 Sheet)  
Certificate of Mailing by "Express Mail" (1 Sheet)  
Credit Card Payment Form (1 Sheet)

EH615483411US

JANUARY 5, 2010